FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED
95 MAR 29 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000082982 (7)

1. Corporate Name
TILE STILES, INC.

Principal Place of Business
8 NE 40 ST
MIAMI FL 33137

Mailing Address
8 NE 40 ST
MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1994
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. # or Bldg.
22
City & State
23

2a. Mailing Address
26
Suite, Apt. # or Bldg.
27
City & State
28

24 25 29 30

4. FEI Number: 65-0534603 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. The corporation has subsidiaries to be reported for under S. 607.1502 Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0501 Florida Statutes, the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above registered agent was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

P
NUSSBAUM, ROBERT G
8 NE 40 ST
MIAMI FL 33137

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (A, C)

☐ Change ☐ Addition

14. I further certify that the corporation has paid all fees due to the Department of State for this report and that the corporation shall have the same duly noted on the records of the Department of State. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that all facts stated herein are true. I am aware that any false information submitted in a document to the Department of State is a third degree felony as provided for in s. 817.155, Florida Statutes.

SIGNATURE: Robert G Nussbaum

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
ROBERT G NUSSBAUM Pres.

4/4/95 Date

305 573 5777 Daytime Telephone

01441074 CP

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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 ... 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000083202 (9)

1. Corporation Name
LUSTROUS, INC.

Principal Place of Business	Mailing Address
3510 SW 111 AVE MIAMI FL 33165	3510 SW 111 AVE MIAMI FL 33165

3. Date Incorporated or Qualified: 11/10/1994
3a. Date of Last Report:

4. FEI Number: 65-0537639 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MARIN, RAFAEL
3510 SW 111 AVE
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ Change ☐ Addition
NAME	FERNANDEZ, CARMEN	
STREET ADDRESS	3510 SW 111 AVE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	☐ Change ☐ Addition
NAME	MARIN, RAFAEL	
STREET ADDRESS	3510 SW 111 AVE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carmen Fernandez 4/25/95 552-1235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0177976 CP